

# MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES



August 2016  
Version 15

# Emergency Support Function #8

## Public Health & Medical

### DPHHS Emergency Operations Plan



#### Plan Authorization & Concurrence

Authority and responsibility for certain state resources rest with the Department of Public Health and Human Services (DPHHS) in support of the Department's Emergency Operations Plan (EOP) and the *Montana Emergency Response Framework (MERF) 2011*.

ESF 8, Public Health and Medical Services plan complies with existing federal, state and local statutes and agreements made with the various agencies identified within. DPHHS management is responsible for the preparation and maintenance of emergency preparedness documents and the commitment to the training and exercises required to support this plan. DPHHS welcomes any comments for this plan's improvement from all partners as well as the general public. These comments or questions should be directed to the Public Health Emergency Preparedness program at (406)449-0919.

This plan is hereby approved for implementation. It supersedes all previous editions.

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*Richard H. Opper, Director*

Montana Department of Public Health & Human Services

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Date Signed



## Record of Change

[illegible]

## Record of Distribution

Upon approval of this plan, the Public Health Emergency Preparedness Section will make an electronic copy available. To provide comments and suggestions for future revisions, email [hhsphsep@mt.gov](mailto:hhsphsep@mt.gov) or call 406-444-0919.

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The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies.

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# **Section I: Purpose, Scope, and Assumptions**

## **Purpose**

This Montana Department of Public Health and Human Services (DPHHS) Emergency Support Function #8 *Public Health & Medical Services* (ESF#8) Annex is written as a provisional planning document for the DPHHS Emergency Operations Plan (EOP). Its intent is to meet the emergency response requirements assigned by the State through the *Montana Emergency Response Framework (MERF)*, maintained by the Montana Disaster Emergency Services (DES). This plan provides a framework for addressing temporary and short-term support for public health and medical services in the event of a disaster or emergency overwhelming local or tribal capabilities. This plan is supported by other EOP annexes, standard operating procedures (SOP), guides, and other planning elements.

## **Scope**

DPHHS provides guidance and information to coordinate support for local, tribal, state, and volunteer organizations to address the delivery of public health and medical services and programs to assist Montanans threatened by potential or actual disasters. Although DPHHS is the assigned primary agency for ESF#8, its activities might depend on the resources and services offered by other ESF assignees and other emergency response partners. This plan does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization, including the support agencies defined in the MERF and here-in.

ESF#8 responses include addressing medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of individuals classified as having access, functional, or special needs.

The development of this plan is governed by the principle of all-hazards planning, pertains only to DPHHS, and is not limited by the nature of any particular emergency or disaster event. This approach allows the flexibility for DPHHS to respond with equal effectiveness to all events, hazards, emergencies, and disasters or other events that affect public health and the recovery of essential human services in Montana.

The ultimate responsibility for provision of ESF#8 services rests with the local government. This plan can be used to support ESF #6 Public Health and Medical Services operations. Other agencies with State assigned ESF duties might also need ESF#8 assistance as managed by the DES State Emergency Coordination Center (SECC).

## **Situation**

Montana is vulnerable to several hazards that might need assistance from state government agencies. These hazards include, but are not limited to, wildfires, earthquakes, floods, HazMat incidents, communicable disease outbreak or other public health events, and severe weather. The MERF outlines the breadth of vulnerability to hazards endemic to Montana.

Victims of disasters or emergencies might encounter medical emergencies, face the spread of disease, or require mental and behavioral support to survive. Transient individuals, such as tourists, travelers, students, and the pre-disaster homeless, could be involved. Food and relief items could become scarce or compromised. A disaster could also adversely affect persons considered at-risk or having functional needs, including those with pre-existing disabilities, creating a need for medical care and public health support.

## Assumptions

For the purpose of designing responses in an all hazard environment, this annex outlines the following assumptions.

- A significant public health event can happen at any time and have the potential to impact several health jurisdictions in Montana
- A public health or medical event that exceeds the response capacities of a local or tribal government will require state or federal assistance
- Environmental and public health hazards could overwhelm healthcare facilities
- Local or tribal public health departments have current emergency operation plans which were shared with local emergency managers
- The state might be required to provide leadership and coordination in carrying out emergency response and recovery efforts in the areas of public health and medical issues
- City, county, and tribal emergency operation managers will have documents and resource lists that describe the relevant medical resources in their jurisdictions (e.g. local nursing homes, hospitals, quick response units, ambulance services, morgue locations, or mutual aid agreements for EMS and public health needs)
- Disruption in communications and transportation might adversely affect availability of pharmaceutical and medical equipment supplies

## Section II: Concept of Operations

Tribal and local emergency managers provide initial responses to the needs of emergency and disaster victims. When local resources and disaster coordination needs are exhausted, emergency managers will request assistance from the State. Local authorities retain responsibility for all response and recovery operations.

DPHHS will conduct ESF#8 coordination operations according to the current policies, rules, and laws of Montana. It can do so proactively in response to incidents that could require coordination or resource assistance to tribal, local, or other State agencies. Also, the SECC can request ESF#8 activation as it coordinates broad responses to disasters and emergencies. DPHHS maintains situational awareness and can elevate its level of response when necessary.

This plan is supported by several standard operating procedures (SOP) and other EOP annexes to guide development of incident action plans.

### Functional Need and Vulnerable Populations

DPHHS will work closely in its ESF #8 responsibilities with other public and private agencies to coordinate timely and appropriate support to individuals with functional or special needs resulting from a disaster. Functional need populations are defined, for the purpose of ESF #8 response activities, as vulnerable or at-risk people having functional health needs beyond their capability to maintain during an emergency.

## Activation

The implementation of any EOP annex in response to an emergency or crisis that elevates daily functions is an activation of ESF#8 activities within DPHHS. However, a formal ESF activation request from the SECC to support broader emergency response operations requires a consultation among the SECC Manager and the DPHHS Incident Command Advisory Group (ICAG), the DPHHS Director, the Public Health & Safety Division Administrator, or any of their designees.

The following circumstances could result in an activation of ESF #8 operations.

- Anticipation of ESF #8 services as a result of a disaster or calamity in the State of Montana
- Response to a direct request for assistance from local, tribal, or other emergency response partner

Upon notification of an incident, designated subject matter experts will evaluate the need, relevance, and level of response. ICAG could also determine these elements if the emergency has the potential for greater public health impact. The agency will also consult with the appropriate response partners and stakeholders to support operational functions.

## Operational Functions

The operational functions of ESF#8 are Public Health and Medical Services. DPHHS coordinates or assists ESF#8 partners to address these response needs (see Section III: Roles & Responsibilities) and provides technical support to local and tribal governments for behavioral health, public health and medical infrastructure.

### Public Health

The public health component of ESF#8 involves the coordination of public health activities and resources beyond the capabilities of a local or tribal health department. It also involves providing technical assistance and advice and could rely on state or local partners to assist with implementation. The elements of these responses include

- Public health and medical needs assessments
- Disease surveillance and outbreak control measures
- Request activation and deployment of the federal Strategic National Stockpile (SNS)
- Food and Agriculture integrity evaluations and food safety guidelines
- Potable water, wastewater, and solid waste management guidelines
- Public health and medical information
- Mass fatality management, victim identification, and decontamination of remains

*Note:* ESF#8 responsibilities for mass fatality events are dictated by the Administrative Rules of Montana (ARM) for mass fatality events is a responsibility of local and tribal health with coordinated assistance from DPHHS and its response partners. {[37.116.101](#) DEFINITIONS; [37.116.102](#); DEATH OF A PERSON WITH AN INFECTIOUS DISEASE AND NOTIFICATION OF MORTUARY; [37.116.103](#) TRANSPORTATION OF DEAD HUMAN BODIES; [37.116.104](#) PROHIBITIONS; [37.116.105](#) EXCEPTIONS}

### Medical Services

The medical services component of ESF#8 involves the coordination of medical related emergency responses beyond the capabilities of local or tribal health care providers. The elements of these responses include

- Provision of health, medical, and veterinary personnel, equipment, and supplies
- Patient evacuation and care



- Blood and blood products
- Safety and security of hospital resources and medical supply, including pharmaceuticals, biologics, and medical devices
- Mental health services and behavioral health counseling to victims and responders

*Note:* ESF # 8 provides crisis-counseling services to individuals and groups impacted by the disaster situation. Mental health professionals and substance abuse counselors provide a source of education and outreach regarding unhealthy coping mechanisms that could include alcohol or drug use as a response to stress. Crisis counseling is a time-limited program designed to assist victims and survivors of a disaster as they return to their pre-disaster level of function.

### **Section III: Roles & Responsibilities**

The ultimate responsibility for public health and medical services for citizens rests with local and tribal level governments. Local and tribal planning efforts should include the unique notification, assistance, and support needs of their access and functional needs populations, as well as those with behavioral and mental issues.

DPHHS conducts its ESF#8 responsibilities through the supporting annexes of its departmental EOP. These annexes address the particular functions of public health and human services necessary in a disaster or emergency and are activated independently or conjunctively for each occurrence. These planning documents also provide the foundation for creating incident specific plans as appropriate.

In its response to any emergency, crisis, or public health event, DPHHS might ask for assistance from other ESF agencies through the SECC to either directly or peripherally support ESF#8 operations. Each agency is responsible for developing their own operating procedures and is *not* directed by DPHHS. Agency capabilities are affected by available resources and the size and scope of the incident. As such, support is “as able.”

Operational Function	ESF#8 Support Provider
Public Health	<ul style="list-style-type: none"> <li>• DPHHS (Author)</li> <li>• Local and Tribal governments</li> <li>• Local and Tribal Public Health</li> <li>• Montana Department of Environmental Quality (DEQ)</li> </ul>
Medical Services	<ul style="list-style-type: none"> <li>• DPHHS (Author)</li> <li>• Hospitals</li> <li>• Local Emergency Medical Services</li> <li>• American Red Cross</li> <li>• Local and Tribal healthcare providers</li> <li>• Department of Military Affairs (DMA)</li> </ul>
Mental & Behavioral Health	<ul style="list-style-type: none"> <li>• DPHHS (Author)</li> <li>• American Red Cross</li> <li>• Non-Governmental Organizations (NGO)</li> <li>• Private providers</li> </ul>
Functional Need and Vulnerable Populations	<ul style="list-style-type: none"> <li>• DPHHS (Author)</li> <li>• American Red Cross</li> <li>• Volunteer Organizations Active in Disasters (VOAD)</li> <li>• Non-Governmental Organizations (NGO)</li> </ul>

## **Coordination and Information Exchange**

DPHHS will notify supporting ESFs directly or through the SECC as necessary to assist in coordination of those ESF#8 operations outside the functional responsibilities of DPHHS.

## ***Section IV: Maintenance***

PHEP formally reviews all components of the DPHHS EOP, including this annex, on a five-year cycle. This cycle allows DPHHS to update and review internal directives and external rules and regulations for information that could impact emergency preparedness planning and response. A preparedness planning review group, convened by PHEP, conducts this assessment to determine if it meets all essential factors identified in applicable State and Federal guidelines. The group offers advice and suggestions on appropriate emergency planning and construction of the document. PHEP will perform appraisals between formal reviews to determine whether the annex accurately reflects current response capabilities of the agency.

The assessment will

- Evaluate relevant procedures, equipment, systems, and training
- Verify or validate roles and responsibilities
- Ensure compatibility and coordination with related emergency preparedness documents

Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Changes are tracked in a versioning method and in the Record of Change log.

### **Exercises**

This annex or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be used under simulated, but realistic, conditions to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel). Exercises are conducted under no-fault pretenses.